FFP Guidance for an Abbreviated Statement of Work (SoW) for a Baseline Study and Final Evaluation for Emergency Programs (Revised on December 2019)

Applications for emergency activities that are 12 months or longer in duration must include an abbreviated SoW for baseline and final evaluation studies. An applicant may develop two separate SoW - one for the baseline and the second for the evaluation or combine them into one with two separate sections. The abbreviated SoW must include sections 2, 3, and 4 (including subsections) of this guidance.

The successful applicant must submit a comprehensive SoW with additional sections like a full background, sampling weights and the treatment of non-response, survey questionnaire, schedule, fieldwork operations, deliverables and reporting requirements, and team composition.

1. BACKGROUND

While the full comprehensive SoW should have a background section, there is no need for the background section in the abbreviated SoW as the focus is on technical rigor.

2. TARGET GROUP BY INTERVENTION

This section provides information on various groups that the activity plans to target by interventions. This information is important to determine the survey design. For example, an activity may target all households for food assistance, while, target only women in reproductive age for infant and young child feeding practices. The activity may target farmers for agricultural activities. Therefore, the target group and the target number may vary. Applicants can present the information in tabular form. Please use the estimated numbers that were used to develop interventions and budget.

Intervention [e.g. Cash transfer, and IYCF]	Target Group [e.g. all households, and women at reproductive age]	Target Number	Assumption/Calculation

2. EVALUATION OBJECTIVES

Describe the purpose of the baseline and final evaluation studies and how the results will be used. Possible evaluation objectives include:

a) Evaluate the achievements of the activity in relation to the goal, objectives, results, and targets.
b) Evaluate the activity's effects on local markets, and how it affected certain groups of interest (women and men; the youth population; boys and girls, etc.).

c) Evaluate the effectiveness and relevance of the modality, transfers, and complementary interventions to achieve activity outcomes.
d) Identify best practices, lessons learned, strengths, and challenges in the activity design, including the LogFrame, and implementation for achieving project achievements.

3. ILLUSTRATIVE EVALUATION QUESTIONS/TOPICS[1]

Include specific questions focused on key activity areas and/or performance for the evaluation to address. Examples include:

a) **Achievements:** To what extent have the activity's interventions adhered to planned implementation - schedules, participant targeting, resource transfer composition and quantities, inputs and service delivery, and outputs - and achieved intended goals, purposes and outcomes? Did interventions reach the appropriate target groups and individuals within the target areas? Are interventions appropriate and effective for the target group based on the nature of their vulnerabilities? How effective was the targeting approach in achieving the project goal? What factors promoted or inhibited adherence to plans and targets? How were problems and challenges managed? What lessons were learned?
b) **Effectiveness and Efficiency of Interventions and Intervention Implementation**: To what extent did the activity consider gender equity, protection, age, physical and emotional challenges of the participants, and risks to participation in various interventions in project design and implementation? How has management adapted the project design or implementation based on monitoring information and feedback from the target population? What lessons were learned regarding program design and implementation? What was the level of efficiency with regards to cost-per-project participant, timely delivery of the goods or services, and adjusting the transfer amount based on price and need changes?
c) **Unintended Consequences and Lessons Learned**: What changes—expected and unexpected, positive and negative—did targeted participants, community members and other stakeholders associate with the activity's interventions? What factors appear to facilitate or inhibit these changes? Which interventions appear to be more or less influential to activity outcomes? How do these changes correspond to those hypothesized by the activity's LogFrame?
d) **Linkages, Layering, and Exit Strategies:** To what extent did the project take advantage of other USG and non-USG investments in the same space to facilitate linkages with complementary services, layering with earlier investments, and implementing an exit strategy/ies to minimize the dependency on external support. To what extent did the project align and integrate with host government social protection strategy/policy/service delivery?

4. EVALUATION METHODOLOGY

4.1 Methodology Overview

- **Study design**

Briefly describe the evaluation methods. Describe whether the applicant plans to use a mixed methods approach or just a quantitative survey or qualitative methods. For quantitative survey,

[1] Not applicable for the baseline survey

would the applicant draw a sample from the target group who would receive activity support or a population-based survey in which any households or individuals living in the target area may be sampled?

For baseline survey, please describe whether the activity plans to collect data at the time of participant registration or before or after the participant registration. If the data collection is combined with participant registration, will it be a census, meaning interview all participants or a sample of people who will be registered? How would be the sample be selected?

For qualitative, how would the applicant select sample sites or sample groups? Please provide an estimated number of sample sites or groups and number of people to be interviewed. Will the survey interview females and males separately or together? Please describe the methods or tools.

4.2 **Qualitative Study**

For the final evaluation, FFP requires the use of mixed methods for data collection and analysis to answer the evaluation questions. Please describe the data collection methods and analyses that will be used to answer the evaluation questions.

Describe how the methods and tools should help to answer the questions articulated in 2.2. The qualitative data collection should also assess the effectiveness of project management, systems, and processes established by the project, including strategies to improve gender equity both at the participant and project management level, protection issues, exit strategy and its implementation, performance monitoring, and conflict sensitivity. The qualitative evaluation must also capture lessons learned and best practices.

The evaluation team can use a variety of qualitative methods for collecting information. These methods, to the maximum extent possible, will ensure that if a different, well-qualified evaluator were to undertake the same evaluation, he or she would arrive at the same or similar findings and conclusions.

The evaluation team will design the overall qualitative study approach and should consider a variety of primary data collection methods, including: semi-structured in-depth interviews, group discussions, and observations. The evaluation team leader and members will be responsible for collecting and analyzing the qualitative data.

4.3 **Quantitative Baseline and Endline Surveys**

FFP requires the collection and analysis of quantitative survey data at baseline and as part of the final evaluation. Quantitative baseline/endline surveys must utilize the same data collection instruments, level of statistical precision, and statistical power. The evaluation should be designed to detect statistically significant changes in estimates from baseline to endline for key indicators, described below.

Ideally, a quantitative baseline/endline survey should collect data at the same season to ensure comparability of data, however, if the activity plans to collect endline data when the transfer is still ongoing, seasonality will likely have a marginal effect.

- **Indicators**

FFP requires at minimum the following indicators to be included in the baseline/endline evaluation:

i. Food Consumption Score (FCS):
    a. Required: Percentage of households with poor, borderline, and acceptable food consumption score
ii. Recommended: FCS score mean, median, and confidence interval (95%) for all households, M&F households, MNF households, FNM households, and CNA households.
iii. Reduced Coping Strategy Index (rCSI):
    a. Required: Mean, standard deviation, confidence interval (95%), and median
iv. Household Hunger Score (HHS):
    a. Required: Prevalence of households with moderate or severe hunger
v. Acute Malnutrition: Prevalence of acute malnutrition among children under 5. O*nly required for activities 12 months or longer in duration that aim to reduce or stabilize acute malnutrition prevalence.*

Activities are encouraged to include other indicators of interest to their programs.

- **Timeline of BL/FE data collection**

Describe the planned timing for collecting baseline data and endline data. Please provide information about the approximate month of data collection.

If the applicant use only qualitative methods for evaluation, please describe the timeline.

4.2.1 Sampling Strategy

Each emergency activity is required to record/ register participating households using a participant registration system. The participant register is the best source of information to construct a sampling frame for the evaluation because it should perfectly reflect the target population.

The sampling frame should include the following key elements:

- Unique household identification number
- Household contact information (including name, physical location, primary phone number [if available], and secondary phone number [if available]).
- When possible, household characteristics (household gender composition, size, primary and secondary livelihood activities)
- Intervention(s) received
- Participant target criteria met

If all the relevant information listed above is collected at baseline, during participant registration, this information does not need to be collected again in the endline survey. Ultimately, an investment in data collection at the time of registration will improve the quality of the survey data and analysis by limiting interviewer and respondent burden and providing additional covariates for use during analysis. In developing the sampling strategy for the baseline and endline, the applicant should choose from the following two strategies.

a) One-stage Simple Random Sample (SRS) *(recommended when possible)*

If a list of all participants is available, and the logistical burden of data collection is reasonable, FFP recommends a **one-stage simple random sampling** strategy.

A one-stage SRS design is advantageous because it is an equal probability of selection method and data is self-weighted which is necessary to generate unbiased estimates. Data collection in a SRS is simpler to implement and the resultant data is easier to analyze, reducing the chance of process and analytical errors. Analyzing data collected through a SRS design does not require advanced knowledge in survey statistics, producing sampling weights is not needed, making it ideal for emergency contexts where field teams prioritize timely implementation and immediate data over survey methodology.

Note: For a SRS, primary sampling units (direct participants) must be randomly selected from the sample frame, which should be the participant register/database. One cannot first select clusters (i.e. village, district, camps, and anything else but the primary sampling unit) and then select participants or households. The primary sampling units must be selected directly from the sampling frame. It is incorrect to estimate sample size using SRS in which the design effect is 1, and then draw the sample using two or multi stages.

b) Two-stage Cluster Sampling

Cluster sample designs are typically used in surveys when the logistical costs of data collection using a one-stage SRS is too high because the communities are too far apart and/or scattered and/or the budget prohibits data collectors to travel to all areas in the target population. This strategy is also suitable when a list of all participants is not available from which to develop a sampling frame with direct participants. A cluster design can be a cost-efficient way to sample a geographically dispersed population.

In a two-stage cluster sampling design, an applicant first needs to select sample clusters (i.e. villages/ communities/ groups) from a list of clusters, and then randomly draw primary sampling units (i.e. households or individuals) from the selected clusters.

This approach requires the use of design effect >1. When the design effect is not known, please use 2 as the design effect. This will result in twice as large as the sample size estimated using SRS. To minimize intra-cluster correlation, FFP recommends that applicants should sample more clusters and a smaller sample from each cluster. For example, any of the following options can be used to collect data from 660 primary sampling units (psu).

1) 22 clusters x 30 psu = 660
2) 33 clusters x 20 psu = 660
3) 44 cluster x 15 psu = 660

The logistical burden will likely be lighter for option 1, compared to option 3. However, the intra cluster correlation will likely be much higher for option 1 compared to option 3. Therefore, option 1, may require larger sample size compared to option 3.

- **Probability Proportional to Size (PPS)**

For a two-stage cluster sample design, it is recommended to use PPS. The PPS method ensures that households in a large cluster have higher probability of selection compared to

households in small clusters. As a result, data generated using a PPS method do not need to be weighted.

4.2.2 Sample Size Calculation

a) **FCS, HHS, and rCSI**

FFP recommends using **a minimum number of 339** respondents for one-stage (SRS), and 678 respondents for a two- stage sampling design. Ideally an applicant must calculate sample sizes separately for FCS ("% of households with acceptable FCS score) and HHS ("% of households with moderate or severe Household Hunger Scale (HHS) score) and take the largest sample size. FFP does not require calculating a separate sample size for rCSI as the minimum sample size required for FCS and HHS are found to be adequate in most cases to estimate rCSI with the required level of precision.

The formula for calculating sample sizes for FCS and HHS for the survey is:

$$n_{initial} = D_{est}\left[\frac{Z_{\text{"\% of households with acceptable FCS score)}}\sqrt{2\underline{P}\left(1-\underline{P}\right)} + Z_{1-\beta}\sqrt{P_{1,\,est}\,(1-P_{1.est}) + P_{2,\,est}\left(1-P_{2,\,est}\right)}}{\delta}\right]^2$$

Where

$n_{initial}$= is the initial sample size required by the surveys for each of the two time points

$\delta = P_{1,\,est} - P_{2,\,est}$= minimum effect size to be achieved over the time frame specified by the two surveys

$P_{1,\,est}$= represents a survey estimate of the true population proportion P_1 at baseline [If such an estimate is not available from prior surveys, please use 0.5]

$P_{2,\,est}$= represents a survey estimate of the true population proportion P_2 at endline

$$\underline{P} = \frac{P_{1,\,est} + P_{2,\,est}}{2}$$

$Z_{1-\propto}$ is the value from the normal probability distribution corresponding to a confidence level $1-\alpha$. For $1-\alpha$=0.95, the corresponding value is $Z_{0.95}$= 1.64.

$Z_{1-\beta}$ is the value from the normal probability distribution corresponding to a power level of $1-\beta$. For $1-\beta$ = 0.80, the corresponding value is $Z_{0.80}$ =0.84.

D_{est} is the estimated design effect (DEFF) of the survey.

The values used in calculating FCS ("% of households with acceptable FCS score) and HHS ("% of households with moderate or severe Household Hunger Scale (HHS) score) sample size are:		
	Single stage SRS	Two stage

$P_{1,\,est}$	50% (0.5)	50% (0.5)
$P_{2,\,est}$	40% (0.4)	40% (0.4)
$Z_{1-\propto}$	95% (1.64)	95% (1.64)
$Z_{1-\beta}$	80% (0.84)	80% (0.84)
D_{est}	1	2
$n_{initial}$	305	610
Non-response adjustments	10%	10%
n_{final}	339	678

b) **Prevalence of Acute Malnutrition**

To measure prevalence of acute malnutrition, the applicant can use two options: (a) measuring weight and height to calculate weight for height for children age 0 to 59 months, (b) measuring mid-upper arm circumference (MUAC) of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow for children age 6-59 months to identify acute malnourished children. MUAC should not be used to measure acute malnutrition for children age 0 to 6 months because the data is unreliable. All children with a weight-for-height Z score below -2 standard deviation, and/or edema, are classified as moderate and severe acute malnourished. If using MUAC-for-age, values below the cut-off of 125 mm for children 6 to 59 months and/or edema, are considered as moderate and severe acute malnourished. Please note that to ensure comparability of the acute malnutrition measures, the applicant/awardee must use the same measure of acute malnutrition in the baseline survey and endline survey. If weight-for-height is used to measure prevalence of acute malnutrition in the baseline, you must use weight-for-height in the endline. Similarly, if you use MUAC to measure prevalence of acute malnutrition in the baseline, you must use MUAC in the endline

Activities that will be measuring prevalence of acute malnutrition can follow one of two approaches to calculating the sample size.

i) Approach A: This approach requires creating a separate sampling frame that contains only households with children 0 to 59 months old (from the sampling frame for FCS, HHS, and rCSI), drawing a sample, and conducting a separate survey for acute malnutrition. The following table shows sample size estimates using the same formula as HHS, and FCS to measure acute malnutrition for different levels of detectable changes. FFP recommends estimating the sample size using a minimum of 5 percentage points of detectable change even for the projects that aim to achieve a higher level of reduction in acute malnutrition. However, if the project aims to achieve a lower level change (i.e. 4%, 3%, or 2%), the project must calculate sample size using the anticipated detectable change. The sample size required to detect a smaller change is typically larger. Estimated sample size in the below table assumes a 9-percentage point prevalence of acute malnutrition among the target population. If the moderate and severe acute malnutrition rate is higher than 9 percentage points, the project should use the actual prevalence rate to calculate the sample size. The implementer can use sample size calculator

to estimate the sample size. Please note that the formula to estimate a sample size for participant-based survey and/or population based survey does not differ.

For Prevalence of Acute Malnutrition	5 percentage point detectable change		4 percentage point detectable change		3 percentage point detectable change	
	Single stage	Multi stage	Single stage	Multi-stage	Single stage	Multi-stage
$P_{1,\,est}$	9₁% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)
$P_{2,\,est}$	4% (0.04)	4% (0.04)	5% (0.05)	5% (0.05)	6% (0.06)	6% (0.06)
$Z_{1-\propto}$	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)
$Z_{1-\beta}$	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)
D_{est}	1	2	1	2	1	2
$n_{initial}$	300	600	503	1005	953	1905
Non-response	10%	10%	10%	10%	10%	10%
n_{final} children	333	667	559	1117	1059	2017

ii) Approach B: This approach uses the same sampling frame as for FCS and HHS. Since all households do not have a child age 0 to 59-month-old, this approach requires adjusting the sample size based on the proportion of 0 to 59 month-old children in the population of the country or region. Since the proportion of children age 0 to 59 months in the population varies by country, the calculation will be different, for different countries. The following table presents examples of estimated sample sizes by country assuming a 9-percentage point prevalence of moderate and severe acute malnutrition to detect a 5 percentage point reduction over the life of an activity. To estimate country-specific sample size, the applicant needs to find out the proportion of children age 0 to 59-month-old in the target population and the average household size and plug them to the formula presented above or use the sample size calculator. [The sample size calculator identifies it as “adjustment 1”]

FFP recommends estimating a minimum of 5 percentage points detectable change, even for projects that aim to achieve a higher reduction. However, if the project aims to achieve a lower level change (i.e. 4%, 3%, or 2%), the project must calculate sample size using the anticipated detectable change. The sample size required to detect a smaller change is typically larger. The following table presents a few examples.

For Prevalence of Acute Malnutrition	Uganda		Malawi		Bangladesh	
	Single-stage	Two-stage	Single-stage	Two-stage	Single-stage	Two-stage
$P_{1,\,est}$	9%[2] (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)
$P_{2,\,est}$	4% (0.04)	4% (0.04)	4% (0.04)	4% (0.04)	4% (0.04)	4% (0.04)
$Z_{1-\propto}$	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)
$Z_{1-\beta}$	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)
D_{est}	1	2	1	2	1	2
$n_{initial}$children	300	600	300	600	300	600
n_{adj_1}(number of households to be visited)	351	702	499	997	819	1638
n_{adj_2}(non-response)	0.05	0.05	0.05	0.05	0.05	0.05
n_{final}households	369	739	525	1050	862	1724

For Prevalence of Acute Malnutrition	Nepal		Madagascar		Zimbabwe	
	Single-stage	Two stage	Single-stage	Two-stage	Single-stage	Two-stage
$P_{1,\,est}$	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)
$P_{2,\,est}$	4% (0.04)	4% (0.04)	4% (0.04)	5% (0.05)	6% (0.06)	6% (0.06)
$Z_{1-\propto}$	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)
$Z_{1-\beta}$	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)
D_{est}	1	2	1	2	1	2
$n_{initial}$children	300	600	300	600	300	600

[2] WHO Expert Committee on Physical Status classifies wasting rate: “acceptable” (<5%), “poor” (5-9%), “serious” (10-14%), and “critical” >15%).

n_{adj_1}(number of households to be visited)	753	1506	489	978	512	1024
n_{adj_2}(non-response)	0.05	0.05	0.05	0.05	0.05	0.05
n_{final}households	793	1586	515	1030	539	1078

For Prevalence of Acute Malnutrition	Haiti		Guatemala		Burundi	
	Single stage	Two-stage	Single stage	Two-stage	Single stage	Two-stage
$P_{1,\,est}$	91% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)	9% (0.09)
$P_{2,\,est}$	4% (0.04)	4% (0.04)	4% (0.04)	4% (0.04)	6% (0.06)	6% (0.06)
$Z_{1-\propto}$	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)	95% (1.64)
$Z_{1-\beta}$	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)	80% (0.84)
D_{est}	1	2	1	2	1	2
$n_{initial}$children	300	600	300	600	300	600
n_{adj_1}(number of households to be visited)	577	1154	429	858	448	896
n_{adj_2}(non-response)	0.05	0.05	0.05	0.05	0.05	0.05
n_{final}households	607	1214	451	902	471	942

4.2.2 Sampling Frame

Describe the lists from which primary sampling units (i.e. participants or households) will ultimately be selected.

If a two-stage sampling design is chosen please describe the lists of geographic units that will be used (e.g., villages/communities or camps). It should be stated that a complete list of implementation clusters (villages or communities) will be provided to the survey team.

4.2.3 Selection of Primary Sampling Units, and Clustering at Each Stage of Sampling

This section describes how the participants will be selected if the applicant proposes a two-stage cluster survey, this section should describe how the clustering will be done and how the clusters and primary sampling (direct participants) units will be selected.

4.2.4 **Research Ethics Protocols**

The SOW should clearly describe informed consent procedures and the standard operating procedures for ensuring data are secured. This section should also describe how enumerators will be trained in research ethics, including informed consent, and protection of personal information.

The final SOW should include the final survey instrument as well as the informed consent protocol and language that will be used to secure informed consent from people who agree to participate in the survey. This may include a script that will be read aloud to potential participants and/or a written informed consent letter that will be signed by participants prior to administration of the survey.

Please note that the baseline and endline data collection is typically collected, stored, and used such that the confidentiality of participants can be ensured. This means that personally identifiable information (PII) is collected and then kept private. The applicant/ awardee should develop and strictly follow the protocol to decide the level of dataset access. ADS 579 describes three levels of access. Dataset is or could be made publicly available to all without restrictions. In this case all PII must be stripped off the data set and the Dataset contains no granularity or linkages that could make it possible to re-identify individuals. Datasets could be made publicly available under certain use restrictions. For example, among many, is a [Dataset] that can only be made available to select researchers under certain conditions, because the Dataset contains sufficient granularity or linkages that make it possible to re-identify individuals, even though the Dataset is stripped of Personally Identifiable Information (PII). Another example would be a Dataset that contains PII and is made available to select researchers under strong legal protections. The third category of Dataset is not available to members of the public. This category includes Datasets that are only available for internal use by the Federal Government, such as by a single program, single agency, or across multiple agencies. This category might include some but not all Datasets designated as Controlled Unclassified Information (CUI), consistent with Executive Order 13556.

- **Informed Consent**

FFP recommends using the following informed consent prior to the survey interviews.

Hello. My name is _____. Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about and try to improve food security, nutrition and wellbeing of your households [Note: Please add other areas that the instrument covers]. Your household has been selected to participate in an interview that includes questions on topics such as your family background, your consumption, food security, and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for

members of your household, the interview in total will take approximately [xx - adjust based on field testing of questionnaire] hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer.

Your privacy is important to us. Private information like your name will not be shared with anyone. Information like information about your consumption may be shared with researchers who will use it to better understand food and nutrition security in your area; these researchers are legally required to protect your information. Some survey responses will also be shared with the public, but no information will be shared that can link you to the study. After entering the questionnaire into a data base, we will remove all information such as your name that could link these responses to you before sharing with others for the sake of research.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints, we welcome you to contact [your organization], by calling [xxx-xxx-xxxx]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.

4.3 Analysis Plan

4.3.1 Comparison of Baseline and Endline Data at Final Evaluation

Describe how the baseline and endline data will be statistically compared. FFP requires using a statistical package (i.e SPSS, STATA, SAS, CSPro, or any other statistical application) and conducting a test of difference for all key indicators (i.e. FCS, HHS, rCSI, and Acute malnutrition if applicable) to detect change(s). For FCS, the applicant/awardee should test the difference between baseline and endline FCS raw score as well as "% of households with acceptable FCS score". For HHS, the applicant/awardee should test the difference between baseline and endline HHS raw score as well as "% of households with moderate or severe Household Hunger Scale (HHS) score".

Indicator	Indicator title	Test
Food Consumption Score	FCS raw score	Two-sample t-test; One-sample t-test be used when the baseline data was collected through census
	% of households with acceptable FCS score	Pearson's chi-squared test
Household Hunger Scale	HHS raw score	Two-sample t-test; One-sample t-test be used when the baseline data was collected through census

	% of households with moderate or severe HHS score	Pearson's chi-squared test
Reduced Coping Strategy Index	rCSI raw score	Two-sample t-test; One-sample t-test be used when the baseline data was collected through census
Prevalence of Acute Malnutrition	Weight-for-height z-score	Two-sample t-test; One-sample t-test be used when the baseline data was collected through census
	% of children age 0-59 months [6 to 59 months if MUAC is used] acutely malnourished	Pearson's chi-squared test

4.3.2 Production of Indicator Estimates

The report should include tables with the following information for each indicator:

Indicator	Level of reporting	BL Indicator value	Confidence Interval at 95% level of significance	EL indicator value	Confidence interval at 95% level of significance	# of sampling unit interviewed	in EL, test of difference
FCS	Overall and disaggregates		± xxx		± xxx		
rCSI							
HHS							
Acute Malnutrition							

Hello. My name is _____. Thank you for the opportunity to speak with you. We are a research team from <your organization>. We are conducting a survey to learn about and try to improve agriculture, food security, nutrition and wellbeing of households in this area. Your household has been selected to participate in an interview that includes questions on topics such as your family background, dwelling characteristics, household expenditures and assets and nutrition of women and children. The survey includes questions about the household generally, and questions about individuals within your household, if applicable. The questions about the household and its characteristics will take about 30 minutes to complete. If additional questions are relevant for members of your household, the interview in total will take approximately [xx - adjust based on field testing of country-specific questionnaire] hours to complete. Your participation is entirely voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer.

Your privacy is important to us. Private information like your name will not be shared with anyone. Information like your plot location may be shared with researchers who will use it to better understand agriculture in [COUNTRY]; these researchers are legally required to protect your information. Some survey responses will also be shared with the public, but no information will be shared that can link you to the study. After entering the questionnaire into a data base, we will remove all information such as your name that could link these responses to you before sharing with others for the sake of research.

Do you have any questions about the survey or what I have said? If in the future you have any questions regarding the survey or the interview, or concerns or complaints, we welcome you to contact [your organization], by calling [xxx-xxx-xxxx]. We will leave a copy of this statement and our organization's complete contact information with you so that you may contact us at any time.